

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-050472

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 335
FILED JAN 3 1964

Primary Registration District No. 4478 Registrar's No. 143

STATE FILE NUMBER

VS 300
Rev. 4/59

10980

20860

3

4 1

5 2

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7 0

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9332

10

11

1290-2

13 10

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Schuyler

b. CITY (If outside corporate limits, give TOWNSHIP only)

Lancaster

Length of stay in lb

5 Years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Putnam

c. CITY

Unionville

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

R. F. D. No. 3

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First

Clara

Middle

Matilda

Last

Clark

4. DATE OF DEATH

Month

Day

Year

December 22, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10/3/1870

9. AGE (last birthday)

93

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

Schuyler County, Mo., U. S. A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

John J. Hollowell

13b. MOTHER'S MAIDEN NAME

Catherine Ashmead

14. NAME OF HUSBAND OR WIFE

David L. Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv

No

17. INFORMANT

Paul Clark R. F. D. No. 3 Unionville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Medullary failure

DUE TO (b)

Central thrombosis

DUE TO (c)

Generalized arteriosclerosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH

1 month

years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June, 1957, to Dec. 22, 1963 and last saw her alive on Dec. 22, 1963. Death occurred at 11:50 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. C. Stetson, M.D.

22b. ADDRESS

701 E. Patterson Kirksville, Mo.

22c. DATE SIGNED

12-24-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12/26/1963

23c. NAME OF CEMETERY OR CREMATORY

Thompson Cemetery

23d. LOCATION (City, town, or county)

Putnam County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Comstock Funeral Home By John N. Comstock Unionville, Mo. 12-26-1963

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Lawrence Shepherd

USE BLACK INK
OR
TYPEWRITER RIBBON

Emmich issued

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John H. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.